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## APPLICANTS

Thomas B. Freeman, Tampa, FL;

G. Michael Nauert, Tarpon Springs, FL;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/319,442 08/01/2002

*(X)*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*(A)*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 11/13/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	FL	DRAWING 0	9	3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

21901  
 SMITH & HOPEN PA  
 15950 BAY VISTA DRIVE  
 SUITE 220  
 CLEARWATER , FL  
 33760

## TITLE

Method of Treating Herpes Virus Infections

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees  <input type="checkbox"/> 1.16 Fees ( Filing )  <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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